the act. Thus, as an editorial in the (Portland) Oregonian noted, it is the Oregon law that ''barges into an area of long-standing federal jurisdiction.'' Thus passage of the act would return national uniformity to the enforcement of federal drug laws.

It merely reaffirms existing federal law. Because the act declares that assisted suicide is not a ''legitimate medical purpose'' under the Controlled Substances Act, critics have wrongly accused supporters of granting new authority to the Drug Enforcement Agency to punish doctors. In fact, DEA has had that authority for nearly 30 years. Since 1980 it has brought more than 250 enforcement actions for violating the federal legal standard of ''legitimate medical purpose.''

The medical community overwhelmingly favors it. Proponents of the bill include the American Medical Association, the National Hospice Organization, the Hospice Association of America, the American Academy of Pain Management, the American Society of Anesthesiologists and the American College of Osteopathic Family Physicians. (True, support isn't unanimous. Dissent within the medical community has been led by the Rhode Island Medical Association.)

It has broad bipartisan support. Seventy-one House Democrats voted for the bill, and its Senate sponsors include Joe Lieberman (D., Conn.), Chris Dodd (D., Conn.) and Evan Bayh (D., Ind.).

It would enhance pain control. If the act becomes law, pain control will for the first time be specifically identified in federal law as a proper use of controlled substances—even if the use of pain-controlling drugs has the unintended side effect of causing death. That is a much-needed legal reform, because many doctors fail to treat pain aggressively because they fear the government's second-guessing. Several states have recently passed similar laws, leading to dramatic increases in the use of morphine and other palliative medications.

The Pain Relief Promotion Act looks likely to pass the Senate. If President Clinton truly feels our pain, he will sign it the moment it hits his desk.

[From the Oregonian, July 1, 1999]

KILL THE PAIN, NOT THE PATIENTS

CONGRESS SHOULD ALLOW DOCTORS TO USE CONTROLLED DRUGS FOR AGGRESSIVE PAIN TREATMENT INSTEAD OF SUICIDE

It's no secret to any reader of this space that we oppose Oregon's venture into physician-assisted suicide.

But last year, when the American Medical Association and the National Hospice Organization came out against a bill in Congress giving medical review boards the power to deny or yank the federal drug-prescribing license to physicians who prescribed these drugs to assist in suicides, we took their concerns seriously.

The groups argued that the proposed law could reverse recent advances in end-of-life care. Doctors might become afraid to prescribe drugs to manage pain and depression—things that, when uncontrolled, can lead the terminally ill to consider killing themselves in the first place. We thought then that the problem could be worked out and that it was possible to keep doctors from using federally controlled substances to kill their patients without also preventing them from relieving their terminally-ill patients' agonies.

This Congress's Pain Relief Promotion Act proves it, and the proposed legislation comes not a moment too soon. A new report by the Center for Ethics in Health Care at Oregon Health Sciences University shows that end-of-life care in Oregon—which fancies itself a leader in this area—is far from all it should be. Too many Oregonians spend the last days of their life in pain.

There's no real need for that—and the Pain Relief Promotion Act of 1999 would go a long way toward addressing these systemic and professional failures here and elsewhere. The proposal would authorize federal health-care agencies to promote an increased understanding of palliative care and to support training programs for health professionals in the best pain management practices. It would also require the Agency for Health Care Policy and Research to develop and share scientific information on proper palliative care.

Further, the Pain Relief Promotion Act would clarify the Controlled Substances Act in two essential ways.

One, it makes clear that alleviating pain and discomfort is an authorized and legitimate medical purpose for the use of controlled substances.

Two, the bill states that nothing in the Controlled Substances Act authorizes the use of these drugs for assisted suicide or euthanasia and that state laws allowing assisted suicide or euthanasia are irrelevant in determining whether a practitioner has violated the Controlled Substances Act.

Technically, of course, the bill does not overturn Oregon's so-called Death with Dignity Act. But it would thwart it, for all practical purposes, because it makes it illegal for Oregon doctors to engage in assisted suicide using their federal drug-prescribing license. Suicide's advocates may think of some other method, but none seems obvious.

Is this a federal intrusion on a state's right to allow physician-assisted suicide or euthanasia?

To hear some recent converts to states' right talk, you might think so. But you could just as easily argue that Oregon's assisted suicide law intrudes on the federal domain. The feds have long had jurisdiction over controlled substances, even as states kept the power to regulate the way physicians prescribe them. At best, it's a gray area.

You'll recall that the Department of Justice declined to assert a federal interest in all of this when it plausibly could have, shortly after Oregon voters approved assisted suicide. It's probably better—and high time—that Congress asserts that interest explicitly.

This act would establish a uniform national standard preventing the use of federally controlled drugs for assisted suicide. That, in itself, should advance the national debate on this subject in a more seemly way than, say, the recent efforts of Dr. Jack Kervorkian.

Beyond that, it's high time that Congress made clear that improved pain relief is a key objective of our nation's health-care institutions and our Controlled Substances Act. The Pain Relief Promotion Act will do all this. No wonder the American Medical Association and the National Hospice Organization are now on board.

PRISON CARD PROGRAM

Mr. ASHCROFT. Madam President, I rise today to talk about an important and highly successful program operated for more than 25 years by the Salvation Army in conjunction with the Bureau of Prisons. This program is called the Prison Card Program. Under the program, greeting cards are donated to the Salvation Army that are then given to inmates at correctional facilities across the country. This program allows inmates to keep in touch with family and friends—not only during the holiday season—but throughout the year. The benefits of this program to the inmates and their loved ones are clear. However, there are also benefits to the community as well. Inmates who maintain strong ties with their families and friends are less likely to return to prison once their sentence is completed.

I want to commend the Salvation Army, the Department of Justice, and the Bureau of Prisons for supporting this program. In particular, I want the Department to know that this program has the support of Congress. I have spoken to Chairman GREGG, who has indicated that he is prepared to work with me and other supporters of the program in the coming months to ensure that this important charitable program is sustained well into the future.

THE CARIBBEAN BASIN INITIATIVE AND THE IMPACT ON TRADE WITH ISRAEL

Mr. JOHNSON. Mr. President. I would like to alert my colleagues to an issue raised by H.R. 434, the African Growth and Opportunity Act and the Caribbean Basin Initiative, regarding trade with Israel under the U.S.-Israel Free Trade Area Agreement. Notwithstanding our free-trade agreement with Israel, the CBI provisions of this legislation would unfairly discriminate against U.S. imports from Israel.

Under that legislation, most U.S. textile products made with Israeli inputs, such as yarn, fabric or thread, would not be eligible for duty free treatment when assembled into apparel in the Caribbean. To illustrate the contrast with current law, today, if a U.S. company uses Israeli yarn in manufacturing fabric, the products made from such fabric would be eligible for CBI benefits. The trade bill creates a unilateral change from the status quo in our trade with Israel and a major barrier to U.S. companies using Israeli-origin inputs.

I would like to submit for the RECORD a letter from the Economic Minister of the Israeli Embassy that was sent to each of the Members of the Senate Finance Committee urging Congress to treat Israeli inputs on par with U.S. inputs in this trade legislation. I ask unanimous consent that letter be printed in the RECORD.

There being no objection, the letter was ordered to be printed in the RECORD, as follows:

EMBASSY OF ISRAEL,
Washington, DC, June 15, 1999.

DEAR SENATOR: I am writing to you, as well other members of the Committee on Finance, to ask for your support during the